100 Hours of Reading

Name:_____

Grade:_____ Room:_____

Each line below represents 15 minutes of reading

Getting Nowhere	*Cruising*	*Zooming*	*Passing Lane*
0 Minutes a night	15 minutes a night	30 minutes a night	More than 30

Line #	Title	Date	Pages	Level	Coach's Signature*

***Please indicate which times you read at home with an ***

Attention Home Coaches: Please sign ONLY if you saw or heard the student reading.

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